

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90146 009 ***150.00

DOCUMENT # 465632
 1. Entity Name
FLORIDA TROPICAL FOLIAGE, INC.

| | |
|---|--|
| Principal Place of Business 730 E CRISAFOLLI ROAD MERRITT ISLAND FL 32953 | Mailing Address 730 E CRISAFOLLI ROAD MERRITT ISLAND FL 32953-7415 |
|---|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|--|---|--|
| 4. FEI Number 59-1559605 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

THOMPSON, ALBERT
730 E CRISAFULL
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD THOMPSON, ALBERT 730 E CRISAFULL RD MERRITT ISLAND, FL 00000 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert Thompson* **DIANE THOMPSON** Vice Pres. **1-25-00 452-7661**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD00001/0/000